MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

E63-044486

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CAUSE OF RECEASED PLANT COUNTRY	, -,	N.]]	1	OR		l OR	143	
CAUSE OF RECEASED PLANT COUNTRY	1 4.100	3					car chage				
NAME OF DECENSION DUE TO (a) Mycoarditis, chronic many years Due to (b) Mycoarditis, chronic many years Due to (chronic m	1)497	lui		İ] [1	HOSPITAL OR		ADDRESS	,	,
3. AMARE OF BECKARD (Type or pirit) EGENIOUS ISAAC WATERS OATH December 1, 1963 OATH DECEMBER OATH DEC	20497	8	$ \cdot $				16164141141A61	Yes, No 🗆	123	N. McGregor	Yes No 📆
Signature Sign		厃	\top	+	┦ ▮	3.		Middle	_Last 4.		•
5. SEX 6. COLOR OR RACE Maile White Diversed Diversed Diversed Local Field Dry Hours Month Dry Hours Min.			+1			1	EGENIOUS	ISAAC	WATERS	December	
Male White Work and of work done to general Linn Grove, I was a prepared to the prepared of th	401		$ \cdot $	1					8. DATE OF BIRTH 9.	. AGE (last birthday) IF UND	ER 1 YEAR IF UNDER 24 HR
To the state of th	5 /				1	'	Wide			81 Months	
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13. FATHER'S NAME 13. MOTHER'S MAIDEN NAME 13. NAME OF HUSBAND OR WHFE 13. NAME OF HUSBAND OR WHFE 13. WAS DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SCHIBITY, MO. 17. INFORMANT 17. INFORMANT 18. Address 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SCHIBITY, MO. 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SCHIBITY, MO. 17. INFORMANT 18. CAUSE OF BEATH (Five only once use one ine for (a), [b], and (c). 18. CAUSE OF BEATH (Five only once use of ine for (a), [b], and (c). 18. CAUSE OF BEATH (Five only once use of ine for (a), [b], and (c). 18. CAUSE OF BEATH WAS CAUSED BY. 18. CAUSED	و ا لإ	?	$ \cdot $	1	1	١		ic Railroad			USA
15. WAS DECESSED EVER IN U.S. ABMED FORCES? 10. OR ON OWNHOWN (If yee, playe are of date of sort of date of d	 \$) -	11	1							
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Total Continue C	8 0	۱ .	1	1		15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		17. INFORMANT		 ,
10 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 10 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 11 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 12 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 12 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 12 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 12 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 13 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 14 CAUSE OF DEATH (finer only one cause (a). 15 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 16 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 17 CAUSE OF DEATH (finer only one cause (a). 18 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 17 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH (finer only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH (finer only one cause per line for (a), and (c). 18 CAUSE OF DEATH (finer only one cause per line for (a), and (c). 18 CAUSE OF DEATH (finer only one cause per line for (a), and (c). 18 CAUSE OF DEATH (finer only one cause per line for (a), and (c). 18 CAUSE OF DEATH (finer only one cause per line for (a), and (c). 18 CAUSE OF DEATH (finer only one cause per line for (a), and (c). 18 CAUSE OF DEATH (finer only one cause per line for (a), and (c). 18 CAUSE OF DEATH (finer only one cause day. 18 CAUSE OF DEATH (finer only one cause per line for (a). 18 CAUSE OF DEATH (finer only one cause per line for (a). 18 CAUSE OF DEATH (finer only one cause per line for (a). 18 CAUSE OF DEATH (finer only one cause per line for (a). 18 CAUSE OF DEATH (finer only one cause per line for (a). 18 CAUSE OF DEATH (finer only one cause per line for (a).	- 0. 110V	۲				(Y		1	Mrs. I.E.Wat	ters.123 N.McGre	egor, Carthage:
IMMEDIATE CAUSE (a) Coronary occitusion, acute (2 AM 12-1-63) 15					5	Τ	1. CAUSE OF DEATH (Enter only one cause per line for	(a), (b), and (c).			INTERVAL BETWEEN
WHILE AT WORK OR NOT WHILE AT WORK OR DEATH OF CEMETERY OR CERMATORY 220. SIGNALUS 231. I attended the deceased from June 1, 1963, to Dec. 1,1963 and last saw him slive on 12-1-1963. 242. Date Signalus 243. Burral cemanion and to the best of my knowledge, from the causes stated. 244. Date Signalus 255. Date sector by Local Rec. 26. Recompleted to the perminal part in the terminal t	10 I ~	*			寧	'			n. genta (o	AM 12-1-63)	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last 90 days. Childhood Rheumatic fever PART III. deceased was female was three a pregnancy in last 90 days.	12 711-Us	STE		1		'	which gave rise to				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there's pregnency in last 90 days. Childhood Rheumatic fever PERFORMEDY 19. WAS AUTOPSY PERFORMEDY 20c. TIME OF PART III of teem 18.) 20c. TIME OF PART III of PART II		: <u> </u>	\sqcup	\perp		'	stating the under-	ral stenosis &	insufficiency	y many years	9
Childhood Rheumatic fever Yes No Unknown	- 1 U	;]		1	1	z				e terminal PART III, If d	deceased was female was
20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, p.m. 20d. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from June 1, 1963, to Dec. 1, 1963 and last saw him slive on 12-1-1963 Death occurred at 5; 35 PM mon the date stated above, and to the best of my knowledge, from the causes stated. 22e. SIGNATURE 22e. SIGNATURE 22e. SIGNATURE 22e. SIGNATURE 22e. SIGNATURE 22e. DATE SIGNED 22e. DATE SIGNATURE 22e. DATE	-				1	[일	disease condition given in PART I	l (e)		there	a pregnancy in last 90 days.
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20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 21. I attended the deceased from June 1, 1963, to Dec. 1,1963 and last saw him alive on 12-1-1963 Death occurred at 5:35 PM m on the date stated above, and to the best of my knowledge, from the causes stated. 22e. SIGNATURE 22e. SIGNATURE 23e. BURTAL, CREMATION 22e. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 12-3-63. Park Cemetery 25. DATE RECD. By LOCAL REG. 26. RESTEAR'S SIGNATURE 24. FUNERAL DIRECTOR 25. DATE RECD. By LOCAL REG. 26. RESTEAR'S SIGNATURE 26. RESTEAR'S SIGNATURE	È	!					YES NO 🖺				
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23a. BURTAL, CREMATION, 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) (State) Park Cometery Surial ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RECATBAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RECATBAR'S SIGNATURE	2 2					'	F. OF TM				from the causes stated.
23a. BURTAL, CREMATION, 286. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) Burial ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RESTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. RESTRAR'S SIGNATURE	უ 🥈 🗆	Į,				' .	Deally occurred on				
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	-	S			J≅I	<u> </u>	UPTAL CREMATION 1226 DATE 210			LOCATION (City, town, or cou	
		Ö	\sqcap	\top	₫	23	PEMOVAL (Specify)				* *
		Z			뉴		UNERAL DIRECTOR ADDRESS	25. DA	ATE RECD. BY LOCAL REG.		
Knell Mortuary Carthage, Mo. 12-3-63 - Vy Xuuxin		ITEM			BY /	1 24.		ge. Mo. /	2-3-63	-Wy elu	ulm
	F		H	+	IDAVIT	234	IURTAL, CREMATION, 236. DATE EMOVAL (Specify)	NAME OF CEMETERY OR CR	REMATORY 23d.	LOCATION (City, town, or cou	unty) (State)
IT In Van Mantuant Canthaga Ma / L a/ - (a i) V V V IAAAAVV		TEM				24.				-WW Shi	ulm

(Licensed Embalmer's Statement on Reverse Side)

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or by						, Student Embalmer No		
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working under	my personal su	pervision.			p ¹ }	. ,		
Student				Signed 5	Laur	ew- fuel	2	
	Signature of Si	udent Embalmer		<u></u>				
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.